

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Office Use Only

2014 APR 21 PM 12:08

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KOLLER FOR CONGRESS

ADDRESS (number and street)

PO BOX 3683



Check if different
than previously
reported. (ACC)

Ocala

FL 34478-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00552449

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

FL

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM

DD

YYYY

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the
State of

5. Covering Period

01

01

2014

through

03

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

PATRINA NOVAK

Signature of Treasurer

Patrina Novak

Date

03

28

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

KOLLER FOR CONGRESS

Report Covering the Period:

From:

07' 07' 2014

To:

03' 31' 2014

COLUMN A

This Period

COLUMN B

Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

9,178.17

9,178.17

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

9,178.17

9,178.17

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

25,948.28

25,948.28

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

25,948.28

25,948.28

8. Cash on Hand at Close of
Reporting Period (from Line 27)

1,265.91

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

20,378.17

RECEIVED
2014 APR 21 AM 11:31
FEC MAIL CENTER

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

KOLLER FOR CONGRESS

Report Covering the Period: From:

01' 01' 2014

To:

03' 31' 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....
(ii) Unitemized.....
(iii) TOTAL of contributions from individuals ▶
(b) Political Party Committees.....
(c) Other Political Committees (such as PACs).....
(d) The Candidate.....
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

900.00
0
8278.17
9178.17

900.00
0
8278.17
9178.17

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
(b) All Other Loans.....
(c) TOTAL LOANS (add Lines 13(a) and (b)).....

700.00
0

1700.00
0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶

9878.17

9878.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....
(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....
(c) Other Political Committees
(such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) KOLLER, DAVID C		Date of Receipt
Mailing Address PO Box 3683		
City Ocala	State FL	Zip Code 34478
FEC ID number of contributing federal political committee. C00552448		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) KONSKI STANLEY		Date of Receipt 02 11 2014
Mailing Address 224 Eastpoint Ct		
City Spring Hill	State FL	Zip Code 34606
FEC ID number of contributing federal political committee. C00552448		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) SINGER JAMES		Date of Receipt 02 11 2014
Mailing Address 25435 Withrow Rd		
City Brooksville	State FL	Zip Code 34601
FEC ID number of contributing federal political committee. C00552448		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

14031224053

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **KOLLER, DAVID C**

Mailing Address

PO Box 3683

City

Ocala

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C00552448

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. **Grubman, Jan**

Mailing Address

946 Pritchard Island Rd

City

Inverness

State

FL

Zip Code

34450

FEC ID number of contributing
federal political committee.

C00552448

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

02 13 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. _____

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

14031224054

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GUNN PRINTING

Mailing Address 4415 W. MLK Blvd

City Tampa FL Zip Code 33614

Purpose of Disbursement Printing materials

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

01/24/2014

Amount of Each Disbursement this Period

2,627.92

B. OFFICE DEPOT

Mailing Address 2701 SW College Rd

City Ocala FL Zip Code 34474

Purpose of Disbursement Supplies for office

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

01/27/2014

Amount of Each Disbursement this Period

666.11

C. Lloyd, William

Mailing Address 4037 NW Blyden Rd, APT 89B

City Ocala FL Zip Code 34475

Purpose of Disbursement Clerical help

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

03/24/2014

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

14031224055

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Goodman Steven

Date of Disbursement

02 27 2014

Mailing Address

City Eustis State FL Zip Code

Amount of Each Disbursement this Period

280.00

Purpose of Disbursement

Purchase phones

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: Primary General
Other (specify)

memo

State: District:

Full Name (Last, First, Middle Initial)

B. Sprint Store

Date of Disbursement

03 12 2014

Mailing Address 2602 SW 19 Ave Rd #205

City Ocala State FL Zip Code

Amount of Each Disbursement this Period

242.99

Purpose of Disbursement

phone purchase

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: Primary General
Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Dean & Sons-

Date of Disbursement

03 14 2014

Mailing Address P O Box 164

City Edwardsville State IL Zip Code 62025

Amount of Each Disbursement this Period

1,200.00

Purpose of Disbursement

fundraising consulting

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: Primary General
Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

Staples Store

Date of Disbursement

01 27 2014

Mailing Address

1901 E Silver Springs Blvd

City

Ocala

State

Zip Code

34171

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

458.95

Full Name (Last, First, Middle Initial)

B.

Christensen & Associates

Date of Disbursement

01 10 2014

Mailing Address

2009 Penn Ave SE

City

Washington DC

State

Zip Code

20003

Purpose of Disbursement

Consulting Svcs

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

2000.00

memo

Full Name (Last, First, Middle Initial)

C.

Christensen & Associates

Date of Disbursement

01 31 2014

Mailing Address

2009 Penn Ave SE

City

Washington DC

State

Zip Code

20003

Purpose of Disbursement

Consulting svc & travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

2574.69

memo

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

HOLIDAY INN

Mailing Address

3528 Comm Way

City

Spring Hill

State

Zip Code

34606

Purpose of Disbursement

Travel for campaign

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

02/10/2014

Amount of Each Disbursement this Period

573.48

memo

Full Name (Last, First, Middle Initial)

B.

Christensen & Associates

Mailing Address

2009 Penn Ave SE

City

Washington DC

State

Zip Code

20003

Purpose of Disbursement

Consulting SVCS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

03/07/2014

Amount of Each Disbursement this Period

2,150.00

MEMO

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

14031224058

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

11a 11b 11c 11d 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

KOLLER, DAVID C

A.

Mailing Address

PO Box 3683

City

OCALA

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

01 31 2014

Amount of Each Receipt this Period

2574.69
memo for consultant
+ travel reimbursement

Full Name (Last, First, Middle Initial)

KOLLER, DAVID C

B.

Mailing Address

PO Box 3683

City

OCALA

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

02 10 2014

Amount of Each Receipt this Period

573.48
Travel
memo

Full Name (Last, First, Middle Initial)

KOLLER, DAVID C

C.

Mailing Address

PO Box 3683

City

OCALA

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

01 10 2014

Amount of Each Receipt this Period

2,000.00
memo for
consultant

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14031224059

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

KOLLER DAVID C

A.

Mailing Address

PO Box 3683

City

Ocala

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

02/27/2014

Amount of Each Receipt this Period

280.00

memo for candidate
payment for phone
purchase

Full Name (Last, First, Middle Initial)

KOLLER DAVID C

B.

Mailing Address

PO Box 3683

City

Ocala

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

02/27/2014

Amount of Each Receipt this Period

700.00

memo for candidate

Full Name (Last, First, Middle Initial)

KOLLER DAVID C

C.

Mailing Address

PO Box 3683

City

Ocala

State

FL

Zip Code

34478

FEC ID number of contributing
federal political committee.

C 00552448

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

03/07/2014

Amount of Each Receipt this Period

2150.00

memo for candidate
for consultant
service

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

14031224060

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

KOLLER DAVID C (Personal funds)

Mailing Address

PO Box 3683

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

City

OCALA

State

FL

ZIP Code

34478

Original Amount of Loan

700.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

TERMS

Date Incurred

02/27/2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031224061

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

KOLLER DAVID

Nature of Debt (Purpose):

funds to pay
towards
consultation

Mailing Address

PO BOX 3683

City

State

OCALA FL

Zip Code

34478

Outstanding Balance Beginning This Period

14,600.00

Amount Incurred This Period

5,778.17

Payment This Period

0

Outstanding Balance at Close of This Period

20,378.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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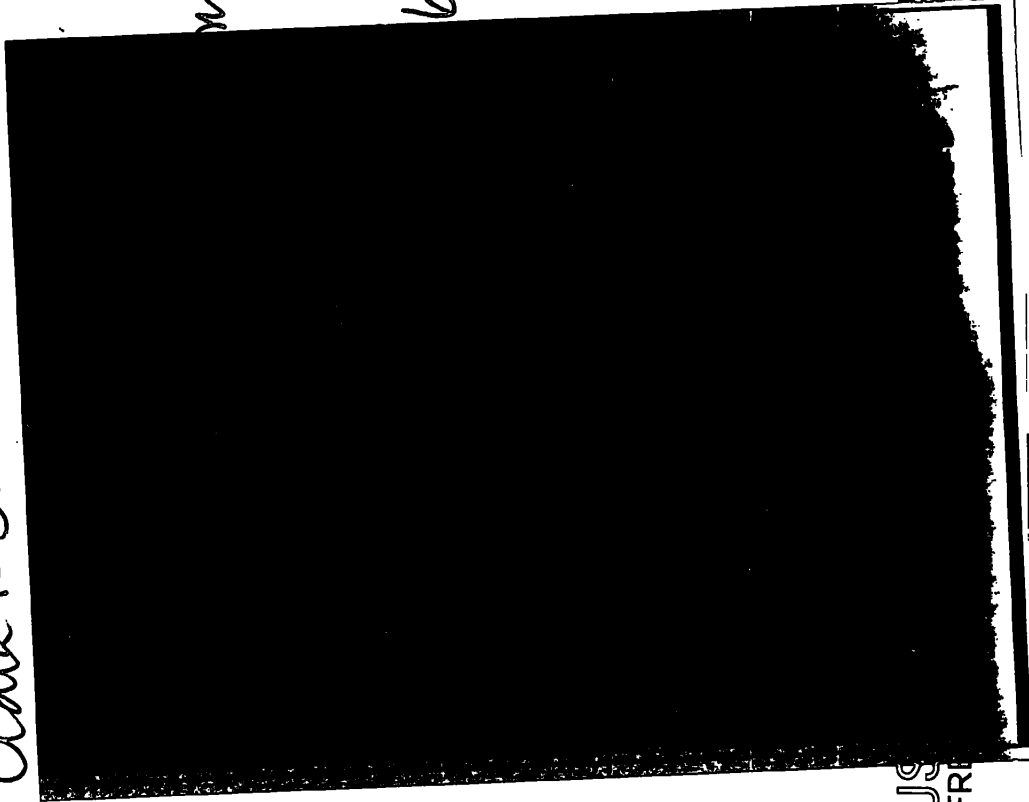


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PREPARER
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